

Final Inspection Certification

_____ School District/Charter School

**This is to Certify that
Final Inspections have been completed and work has been accepted
For**

_____ (Name of Building)

In Accordance with the State Adopted Building Code (58-56-4 UCA)

Job Name/Description:	Address:	USOE Project Number:
		Building Official Printed Name:

General Contractor:	
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Final Inspections Completed and Accepted (please check):

Bldg/Arch	Structural	Mechanical	Plumbing	Electrical	Other/Special
<input type="checkbox"/> Fireproof	<input type="checkbox"/> Footings	<input type="checkbox"/> Rough--Aboveground	<input type="checkbox"/> Rough Underground	<input type="checkbox"/> Rough Underground	<input type="checkbox"/> Boiler
<input type="checkbox"/> Waterproof	<input type="checkbox"/> Formwork	<input type="checkbox"/> Rough--Underground	<input type="checkbox"/> Underground Gas	<input type="checkbox"/> Finish Electrical	<input type="checkbox"/> Pressure Vessel
<input type="checkbox"/> Underground	<input type="checkbox"/> Foundation	<input type="checkbox"/> Ductwork	<input type="checkbox"/> Above Rough	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Elevators
<input type="checkbox"/> Drywall	<input type="checkbox"/> Rebar	<input type="checkbox"/> Insulation	<input type="checkbox"/> Sewer	<input type="checkbox"/> Sound	<input type="checkbox"/> Fire Clearance
<input type="checkbox"/> Roofing	<input type="checkbox"/> Framing	<input type="checkbox"/> Air Tests	<input type="checkbox"/> Culinary	<input type="checkbox"/> Computer Cable	<input type="checkbox"/>
<input type="checkbox"/> Compaction	<input type="checkbox"/> Columns	<input type="checkbox"/> Equipment	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Telephone Cable	<input type="checkbox"/>
<input type="checkbox"/> Final Grade	<input type="checkbox"/> Steel	<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Testing	<input type="checkbox"/> Security/Energy	<input type="checkbox"/>
<input type="checkbox"/> Accessibility	<input type="checkbox"/> Masonry	<input type="checkbox"/> Controls	<input type="checkbox"/> Finish	<input type="checkbox"/> Rough Above Ground	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Decking	<input type="checkbox"/> Hydronic Test	<input type="checkbox"/> Fire Sprinkler--Rough	<input type="checkbox"/> Power Service	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Bolts/Welds	<input type="checkbox"/>	<input type="checkbox"/> Fire Sprinkler--Finish	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

State Licensed Certified Inspectors Certifying Above Inspections:

Building/Architectural:		
Name:	State License Number:	Discipline
Structural:		
Name:	State License Number:	Discipline
Mechanical:		
Name:	State License Number:	Discipline
Plumbing:		
Name:	State License Number:	Discipline
Electrical:		
Name:	State License Number:	Discipline
Other/Special:		
Name:	Agency:	Comment:

Building Official Signature: _____ Date: _____

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